



State of Delaware
Department of Natural Resources
& Environmental Control
Division of Water

Board of
Certification

89 Kings Highway
Dover, Delaware 19901

Phone: (302) 739-9946
Fax: (302) 739-8369

OPERATOR IN TRAINING DOCUMENTATION FORM

- Instructions:
- (1) Submitted at the completion of the required training period (OIT expiration date)
 - (2) Completed by the Applicant and verified by the Supervisor
 - (3) Form must be complete, typewritten or clearly printed
 - (4) Information used in processing Applicant's request for full level license
 - (5) No fee required unless OIT expiration date coincides with license expiration date

APPLICANT INFORMATION				
Prefix	First Name	Middle Name	Last Name	Suffix
Mailing Address			City	State Zip
Telephone Number		E-Mail Address		
CERTIFICATION				
License No.	Wastewater Operator Class <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV		OIT Expiration Date (if known)	License Expiration Date
EMPLOYMENT				
Name of Employer			Telephone Number	
Mailing Address			City	State Zip
Name of Supervisor		Title	Telephone Number	
EXPERIENCE VERIFICATION				
Employment Dates As Wastewater Operator From To		Time in Months	Percent of Time on Wastewater Duties	Percent of Time on Water Duties
Describe in detail your duties & responsibilities as they apply to wastewater.				
VERIFICATION				
Applicant's Signature			Date	
Supervisor's Signature			Date	
BOARD OF CERTIFICATION USE ONLY – DO NOT COMPLETE				
Remarks Reference Issuance Of License				
Attest for the Board of Certification			Date	

Delaware's good nature depends on you!